U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 cr 440.



Name

1. File Number U _ 2443 - 5-736

3. Name and address of person filing.

DAVID

25152

1 Peltier

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name

2. Fiscal Year Covered From:

1/1/05 Through: 12/31/05

Carpenters Local

4. Name, file number, and address of labor organization.

	Labor Organization File Number 541-429-			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1831-7.+h S+.	Street 1180 N. Union Rd.			
city Hughison	city Manteca			
State Calif. ZIP Code + 4 9532 6	State Calif. ZIP Code + 4 95336			
5. Position in labor organization. Financial S	ecretary :			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name and address of Employer (including trade name, if any). Name				
Name				
Name Trade Name, if any:				
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

on 3-21-06 (209

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Growars Printing Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1310 H S+. City MOdesto State Calif. ZIP Code + 4 95354	9. Business deals with: a. Labor Organization b. Trust c. Employer		
If 9.b. or 9.c. is checked give trust or employer's name. ame ade Name, if any: O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Purchased Printing From Printer Used by the Union Office		
Street	11.b. Approximate dollar value of such dealing.		
te ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer o (including trade name, if any).	r Labor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.